



State Form 19025 (R4/2-02)

INDIANA STATE ETHICS COMMISSION

REQUEST FOR INVESTIGATION

PLEASE NOTE: THE STATE ETHICS COMMISSION HAS JURISDICTION OVER ONLY: CURRENT OR FORMER STATE OFFICERS; CURRENT OR FORMER STATE EMPLOYEES WHO WORK UNDER THE EXECUTIVE BRANCH OF GOVERNMENT; A PERSON WHO HAS A BUSINESS RELATIONSHIP WITH AN AGENCY AND SPECIAL STATE APPOINTEES. THE COMMISSION DOES NOT HAVE JURISDICTION OVER PRIVATE BUSINESSES OR ATTORNEYS IN PRIVATE PRACTICE.

Return to:

Your Name (Please type or print in ink)

Address

City/State/Zip

() _____
Telephone

Indiana State Ethics Commission
402 West Washington Street, Room W189
Indianapolis, IN 46204
Phone (317) 232-3850
Email: ethics@ethics.state.in.us
Web: www.ethics.in.gov

I wish to submit the following Complaint and information concerning the following person(s):

Person's Name _____

Person's Address _____

Nature of complaint. Please be specific about time, dates, places and acts. Please indicate how you know the person or persons named above engaged in misconduct. Use additional pages if necessary. Include copies (not originals) of documents that support your complaint.

In filing this Complaint, I understand that the Commission will be informed of the complaint at its next meeting, and, if the Commission accepts the complaint for investigation, a copy of this complaint will be sent to all persons against whom the complaint is filed. I further understand a state officer or employee is prohibited from retaliating or threatening to retaliate against an employee who (1) files a complaint with the Commission, (2) provides information to the commission, or (3) testifies at a Commission proceeding. I agree to keep confidential the filing of this complaint and facts involved, except from those people directly involved in the investigation of this matter.

VERIFICATION

I swear or affirm, under the penalties for perjury, that the foregoing statements are true.

Signature (Only original signatures accepted)

Date